



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## How to get your EHR to match reality for UDS measures on depression

March 28, 2017



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Moderators:

Nick Szubiak, Director, Clinical Excellence in Addictions,  
Integrated Health Consultant, CIHS







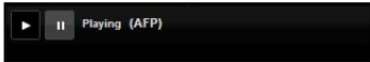

Roara Michael, Associate, CIHS



## Before We Begin

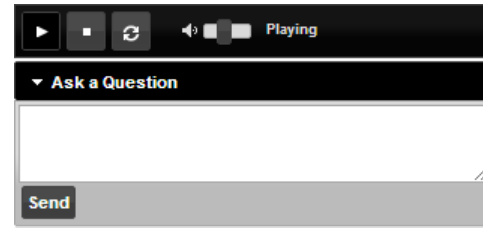
- During today's presentation, your slides will be automatically synchronized with the audio, so you will not need to flip any slides to follow along. You will listen to audio through your computer speakers so please ensure they are on and the volume is up.
- You can also ensure your system is prepared to host this webinar by clicking on the question mark button in the upper right corner of your player and clicking test my system now.

### ▼ Test my system now

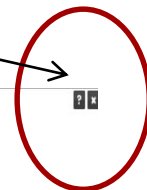
Operating System	 <b>Passed</b>	<b>Windows 7</b> Your operating system is ready to go!
Browser	 <b>Passed</b>	<b>Google Chrome 33</b> Your browser is ready to go!
Bandwidth	 <b>Passed</b>	<b>Your connection speed is approximately: 4,513 Kbps</b> Your current bandwidth connection is ready to go!
Media Playback Test	 <b>Passed</b>	
Slide Display Test	 <b>Passed</b>	Your system is ready to go!
Advanced Info	<b>User Agent:</b> Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36  <b>Tech info:</b> Windows 7   Google Chrome 33   BW: 4,513 Kbps   AFP v.12.0.0   WMP v.Not installed or disabled   IP: 98.141.87.70   RSA: 173.228.128.107   Screen Res: 1920 x 1080   Compatibility Mode Enabled: NA   Cookies Enabled: Yes   <a href="#">Click here for the advanced system test</a>  <b>Time:</b> Thu Feb 27 16:23:17 GMT+00:00 2014	

## Before We Begin

- You may submit questions to the speakers at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
- If you need technical assistance, please click on the Question Mark button in the upper right corner of your player to see a list of **Frequently Asked Questions** and contact info for tech support if needed.
- If you require further assistance, you can contact the Technical Support Center.  
Toll Free: 888-204-5477 or  
Toll: 402-875-9835



**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

# Learning Objectives

- Tips and guidance to improve electronic health record workflows, data entry and reports for depression screening and follow-up interventions
- Key lessons learned from one provider on how changing utilization of the EHR improved outcomes
- Practical strategies for sharing data with the team to improve benchmarking and quality

# Today's Speakers

## **Adrian Bishop**

Director, eHealth and Organizational  
Development, Advocates for Human  
Potential



## **Ellen Radis, MMHS**

Senior Program Manager, Advocated for  
Human Potential



## **Belinda J. Stiles, MA, LISW-S**

Behavioral Health Manager, Five Rivers  
Health Centers





# **SAMHSA-HRSA** CENTER for INTEGRATED HEALTH SOLUTIONS

## **How to Get Your EHR to Match Reality for UDS Measures on Depression**

Adrian Bishop and Ellen Radis,  
Advocates for Human Potential



# Agenda

- Electronic Health Data – The Big Picture
- Depression Screening Data Life Cycle – Data Definition, EHRs and Clinical Workflow
- Five Rivers Health Center – Improving Depression Screening
- Depression Screening Data Life Cycle – Data Capture and Data Validation
- Uniform Data System – Depression Screening Measure
  - Current Reporting
  - UDS Review Strategies
  - Validating your Data
- Depression Screening Data Life Cycle – Substantive Use
- Resources and Questions

# Health Integration Bi-Directional Opportunity

*“Just as screening and evaluation for behavioral health disorders is appropriate in primary care settings, screening and evaluation for general health problems should be available to individuals in behavioral health settings.”*

**Linda Rosenberg, CEO NCBH**

# Health Integration

## Bi-Directional Opportunity

*“Integrated primary care is a service that combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical care providers. It allows patients to feel that, for almost any problem, they have come to the right place.”*

**Alexander Blount**

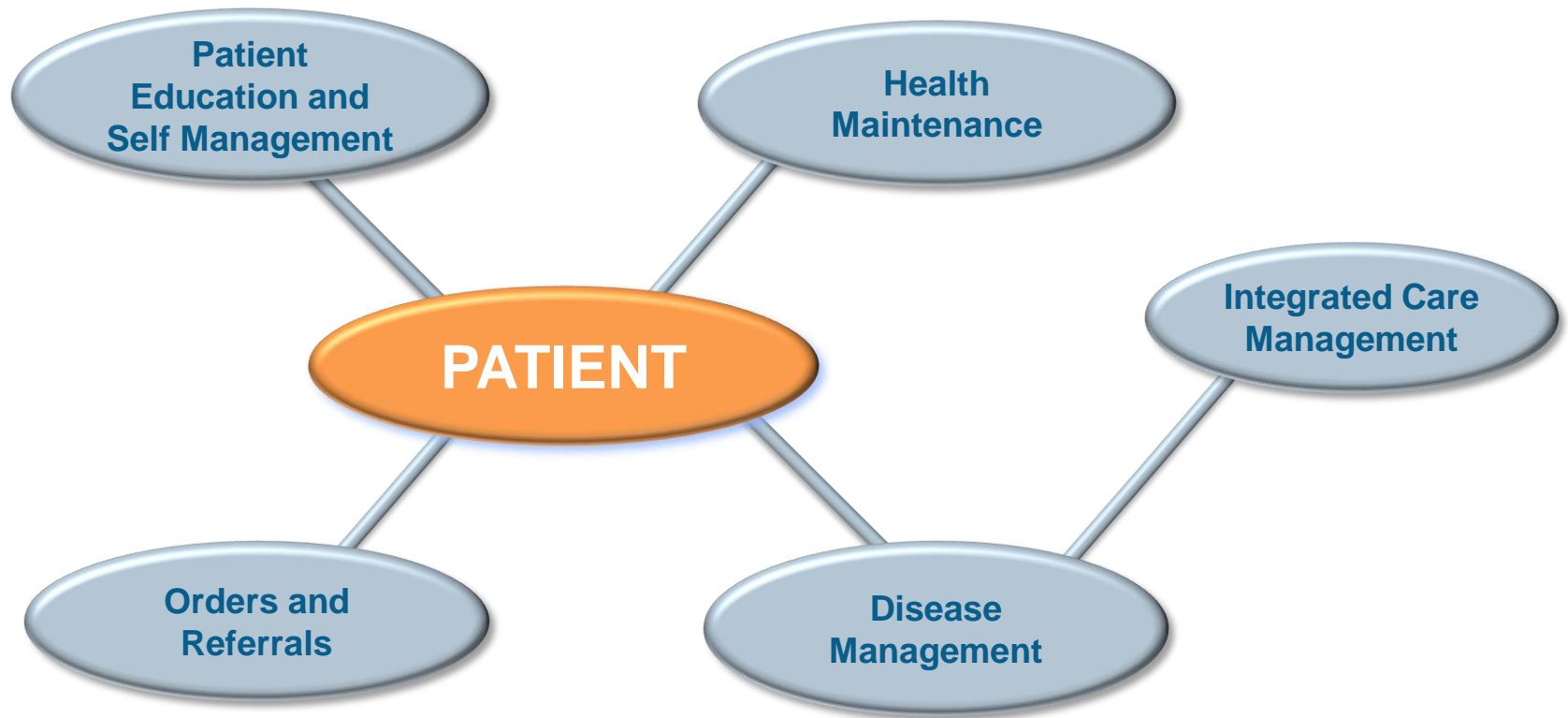
The Center for Integrated Primary Care  
University of Massachusetts Medical School

# Electronic Health Data

## *The Big Picture*

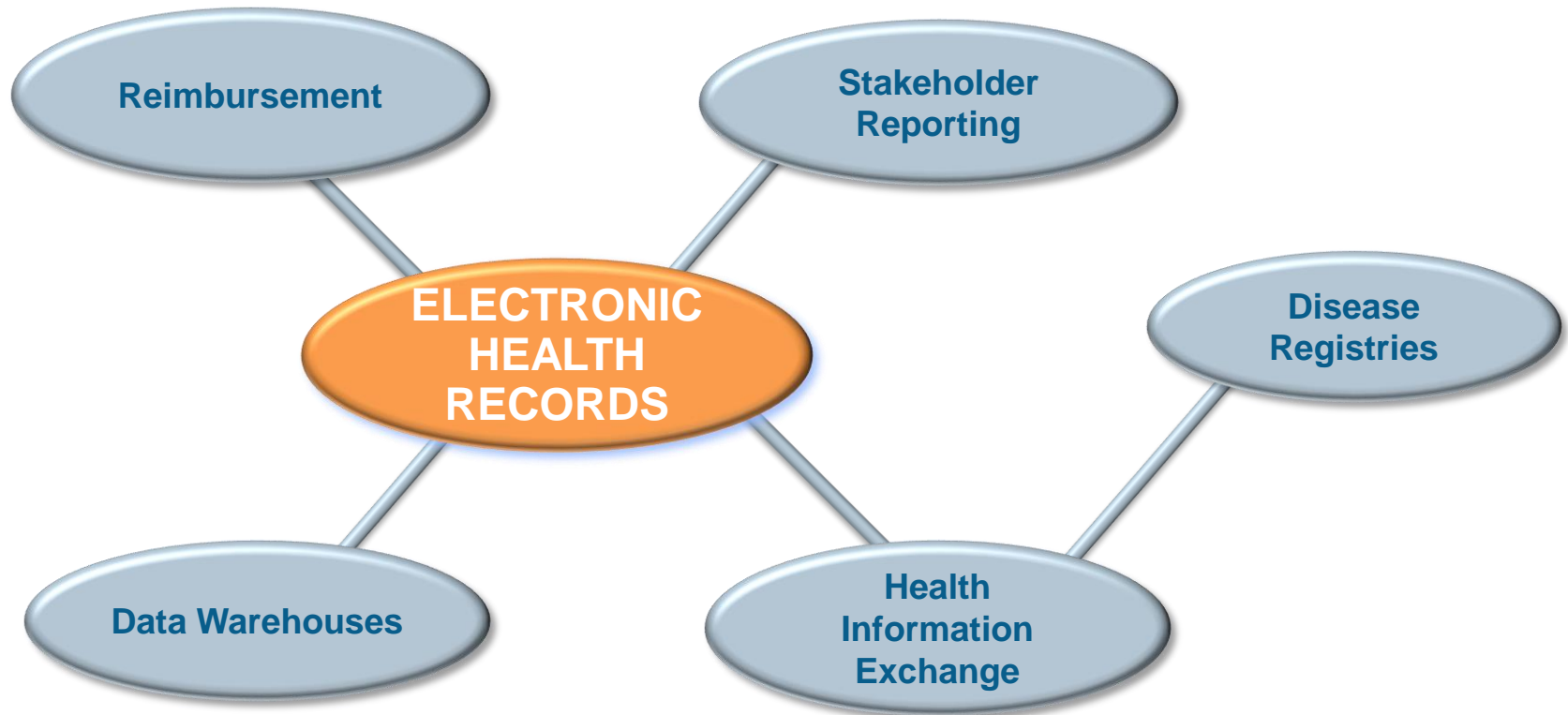
# Electronic Health Data – The Big Picture

## The Clinical Perspective



# Electronic Health Data – The Big Picture

## The Systems Perspective

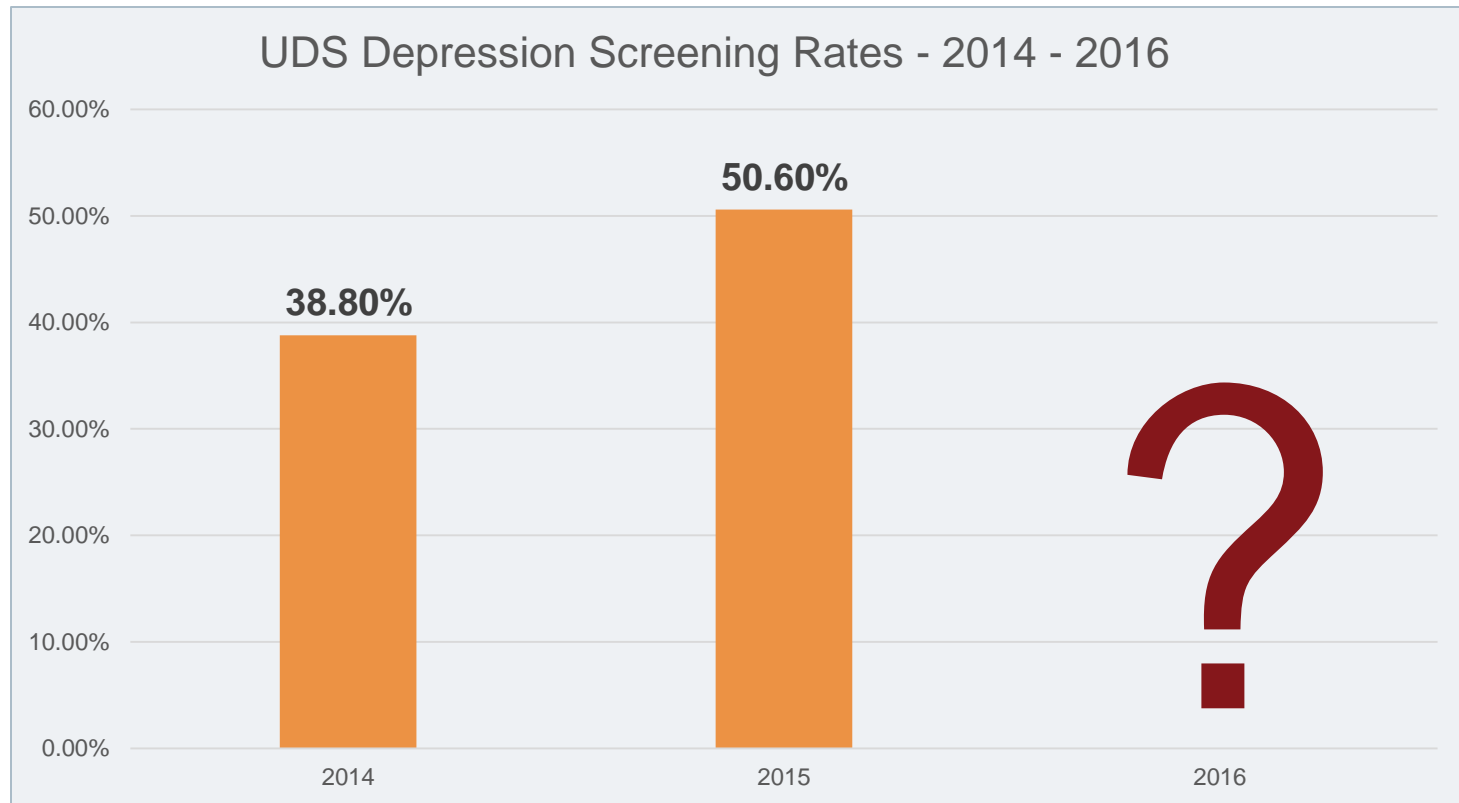


# Why is Electronic Health data important?

- Manage patient's health
- Prevention
- Chronic Disease Management
  - Integration across services
  - Manage Public Health
- Health threats to individuals and communities
- Provide informed health choices
- Manage Population Health
- Provides claims data and other financial information

**Maximizes Efficiency Quality and Safety**

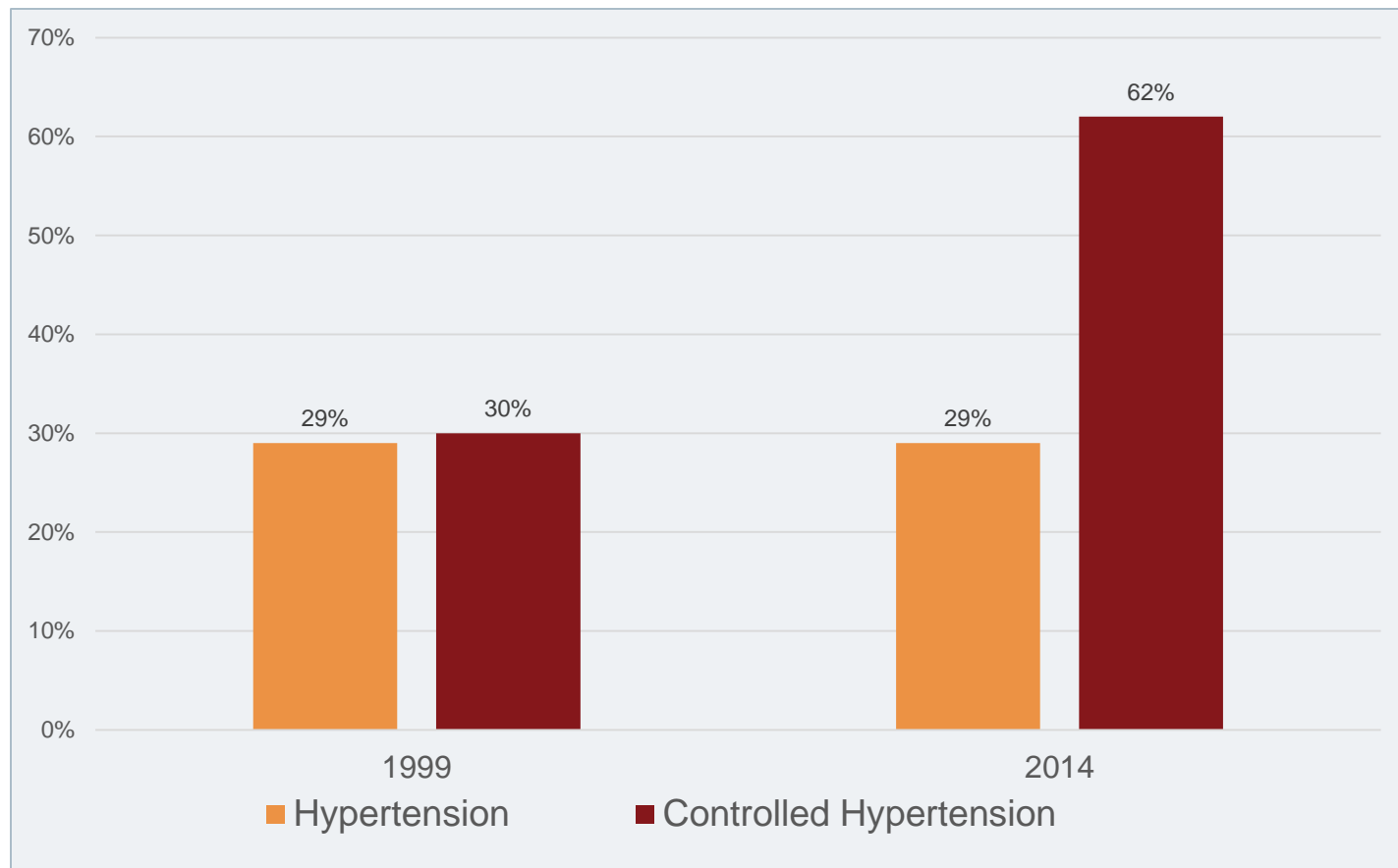
# UDS Depression Screening



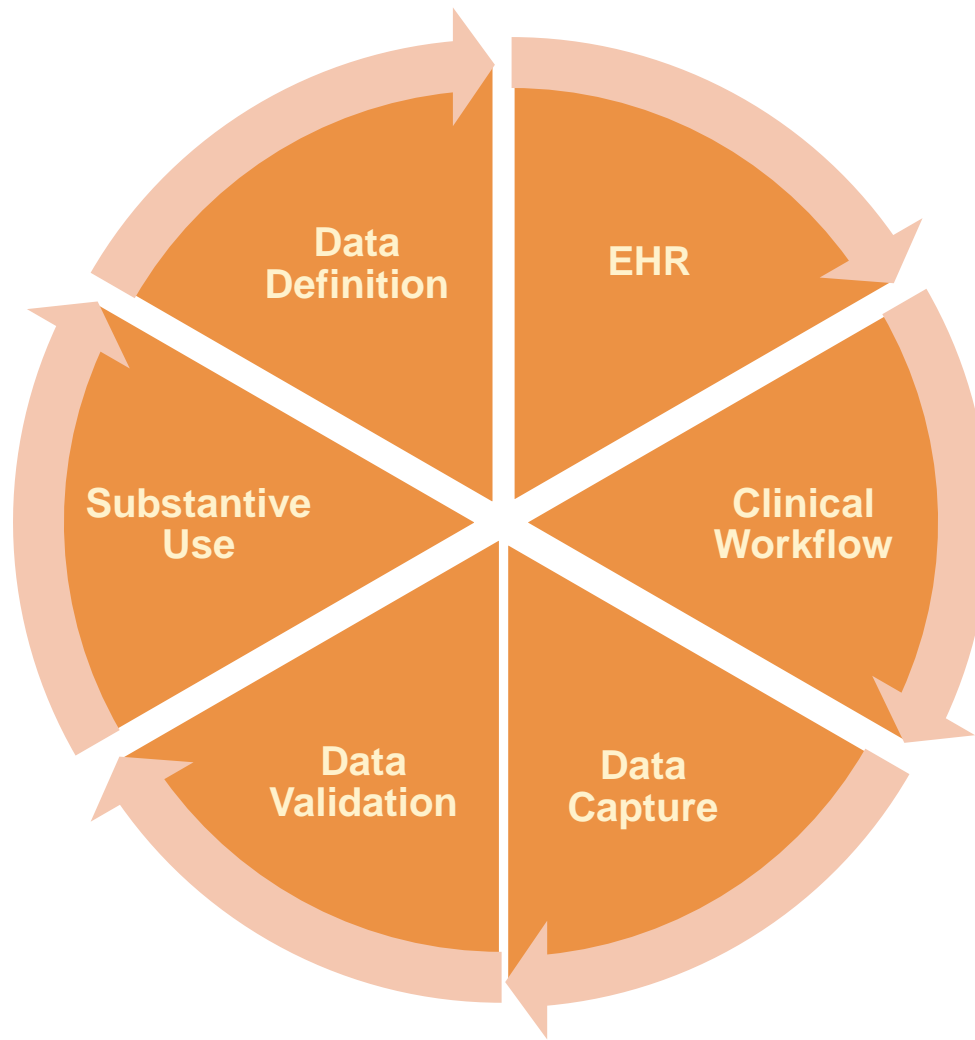


# Hypertension

An Example of the power of data!

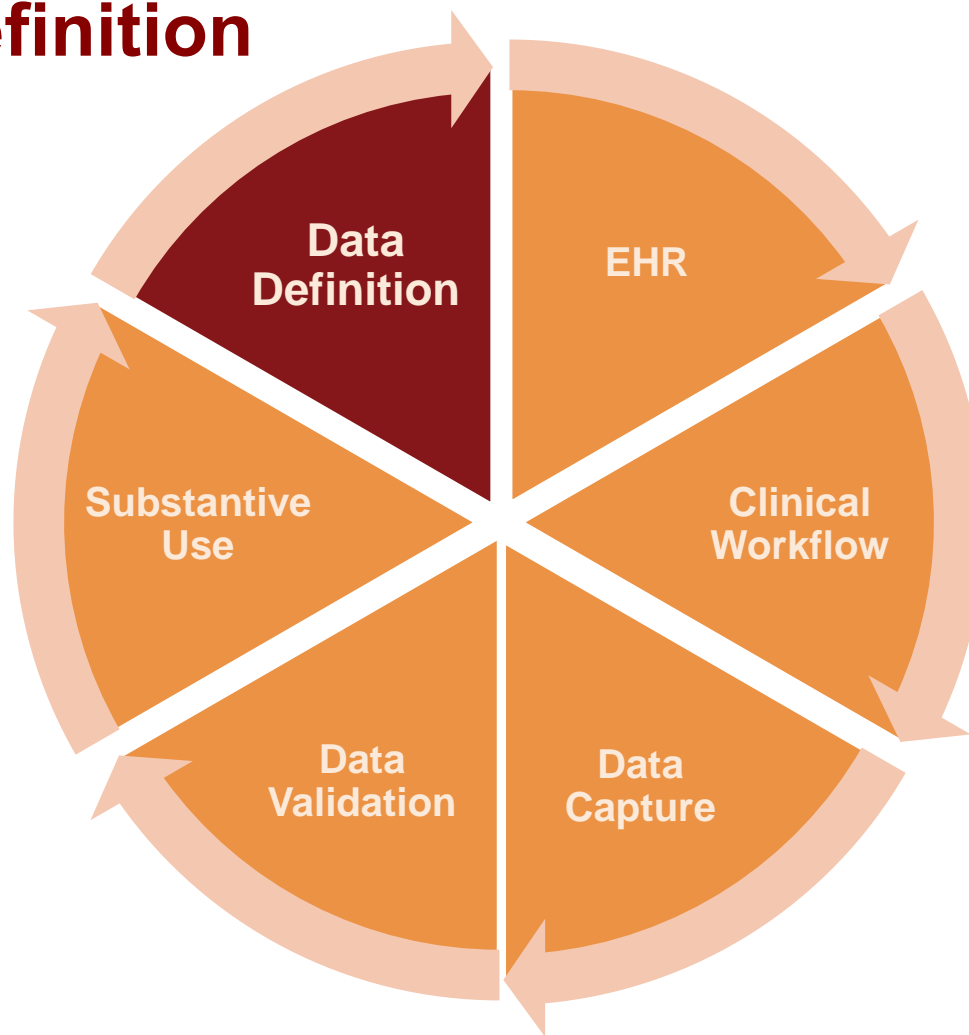


# Depression Screening Data Life Cycle



# Depression Screening Data Life Cycle

## Data Definition



# Data Definition and Reporting

- Data must be defined if it is going to be useable
  - Must be in the correct form
  - Must be in the correct place within the EHR
  - Must be attributable (Patient, provider, location, date etc.)
- Reports must be defined
  - Attribute
  - Numerator
  - Denominator
  - Exclusions

# Data Definition and Reporting

- All EHRs have multiple reporting capabilities
  - Certified reports – Primarily CMS electronic Clinical Quality Measures (eCQMs)
  - Other vendor developed reports – e.g. . Million Hearts, UDS
  - Capability to “write” customized reports
  - Reporting capability of EHR may be supported by data warehouses and other reporting tools.
- EHR must be regarded as the Data Source of Truth

# eCQMs – electronic Clinical Quality Measures

**Use data from electronic health records (EHR) and/or health information technology systems to measure health care quality.**

- Currently 64 eCQMs for Eligible Providers (Clinicians)
- The (e) means Electronically Specified
- Part of ONC EHR Certification criteria – means that the reported data for a measure should be consistent regardless of vendor.
- Annual Updates as needed
- Where possible, 2016 UDS Clinical Quality Measures have been aligned with the CMS eCQMs.
- CMS eCQM Library

[https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm\\_library.html](https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html)

# eCQM CMS2v5

- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  - UDS Table 6B Section M, line 21
- Universe / Denominator
  - The number of patients ages 12 years and older with at least one medical visit during the measurement period
- Numerator
  - The number of patients screened for clinical depression on the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, for whom a follow-up plan is documented on the date of the positive screen
- Exclusions
  - Patients who are already participating in ongoing treatment for depression. Also excluded are patients with an active diagnosis for depression or bipolar disorder

# eCQM CMS2v5

- Universe / Denominator
  - The number of patients ages **12 years and older** with at least one medical visit during the measurement period
- Numerator
  - The number of patients screened for clinical depression on the date of the visit using **an age-appropriate standardized tool** and, if screened positive for depression, for whom a **follow-up plan is documented** on the date of the positive screen
- Exclusions
  - Patients who are already **participating in ongoing treatment for depression**. Also excluded are patients with an active diagnosis for **depression or bipolar disorder**.



# How to find the Screening for Clinical Depression and Follow-Up Measure Specifications?

TABLE 1: 2016 TABLE 6B: CLINICAL QUALITY MEASURES			
Table 6B Reference	Previous Measure Description	2016 Measure Description	e-CQM
Section C, Line 10	Childhood Immunizations	Childhood Immunization Status (CIS)	<a href="#">CMS117v4</a>
Section D, Line 11	Cervical Cancer Screening	Cervical Cancer Screening	<a href="#">CMS124v4</a>
Section E, Line 12	Weight Assessment and Counseling for Children and Adolescents	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<a href="#">CMS155v4</a>
Section F, Line 13	Adult Weight Screening and Follow-up	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	<a href="#">CMS69v4</a>
Section G, Line 14a	Tobacco Use Screening and Cessation Intervention	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<a href="#">CMS138v4</a>
Section H, Line 16	Asthma Pharmacologic Therapy	Use of Appropriate Medications for Asthma	<a href="#">CMS126v4</a>
Section I, Line 17	Coronary Artery Disease (CAD): Lipid Therapy	Coronary Artery Disease (CAD): Lipid Therapy	No e-CQM
Section J, Line 18	Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	<a href="#">CMS164v4</a>
Section K, Line 19	Colorectal Cancer Screening	Colorectal Cancer Screening	<a href="#">CMS130v4</a>
Section L, Line 20	HIV Linkage to Care	HIV Linkage to Care	No e-CQM
Section M, Line 21	Depression Screening and Follow-up	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	<a href="#">CMS2v5.0</a>
Section N, Line 22	Dental Sealants for Children	Dental Sealants for Children between 6-9 Years	CMS277v0 (Draft e-CQM)



**UDS** | UNIFORM  
DATA SYSTEM

<https://ecqi.healthit.gov/ep/ecqms-2016-reporting-period>

integration.samhsa.gov

# Data Definition – CMS2v5

**CMS Measure ID:** CMS2v5

**Version:** 5

**NQF Number:** 0418

**Measure Description:** Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.



**Initial Patient Population:** All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.

**Denominator Statement:** Equals Initial Population

**Denominator Exclusions:** Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder

**Numerator Statement:** Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen

**Numerator Exclusions:** Not Applicable

# Data Definition – CMS2v5

## Specifications



CMS2v5\_3.html



CMS2v5\_3.xml



CMS2v5\_SimpleXML\_3.xml



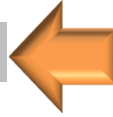
EP\_CMS2v5\_NQF0418\_Depression\_Screening\_3.zip



CMS2v5TRNs05012015\_3.xlsx

Measure Steward: [Centers for Medicare & Medicaid Services](#)

# CMS 2v5 – Follow-Up Plan

- Documented follow-up for a positive depression screening must include one or more of the following:
  - Additional evaluation for depression 
  - Suicide Risk Assessment
  - Referral to a practitioner who is qualified to diagnose and treat depression
  - Pharmacological interventions
  - Other interventions or follow-up for the diagnosis or treatment of depression

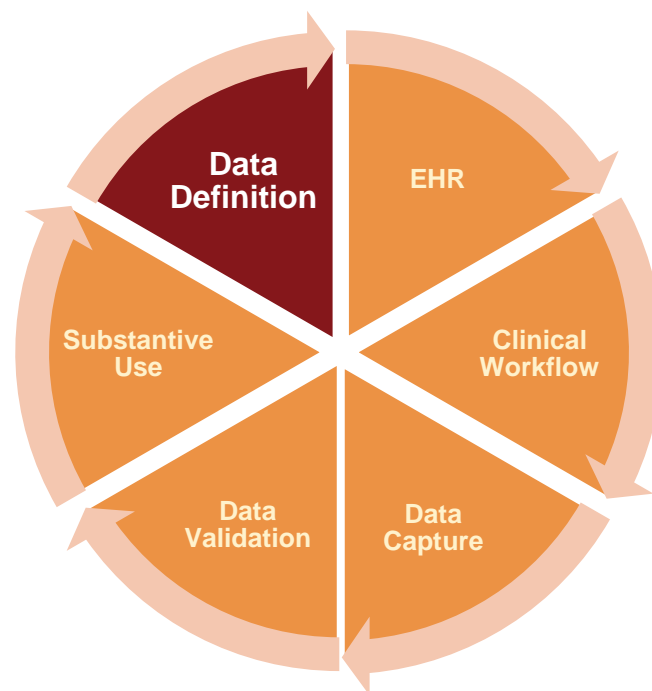
# CMS 2v5 – Follow-Up Plan



▼ Code	▼ Description
90407005	Evaluation of psychiatric state of patient (procedure)
79094001	Initial psychiatric interview with mental status and evaluation (procedure)
45392008	Psychologic evaluation or test procedure (procedure)
428151000124107	Standardized adult depression screening tool completed (situation)
38756009	Psychiatric evaluation of patient for criminal responsibility with report (procedure)
370803007	Evaluation of psychosocial impact on plan of care (procedure)
165190001	Psychiatric evaluation for rehabilitation (procedure)
165171009	Initial psychiatric evaluation (procedure)
10997001	Psychiatric evaluation of patient for testamentary capacity with report (procedure)
10197000	Psychiatric interview and evaluation (procedure)

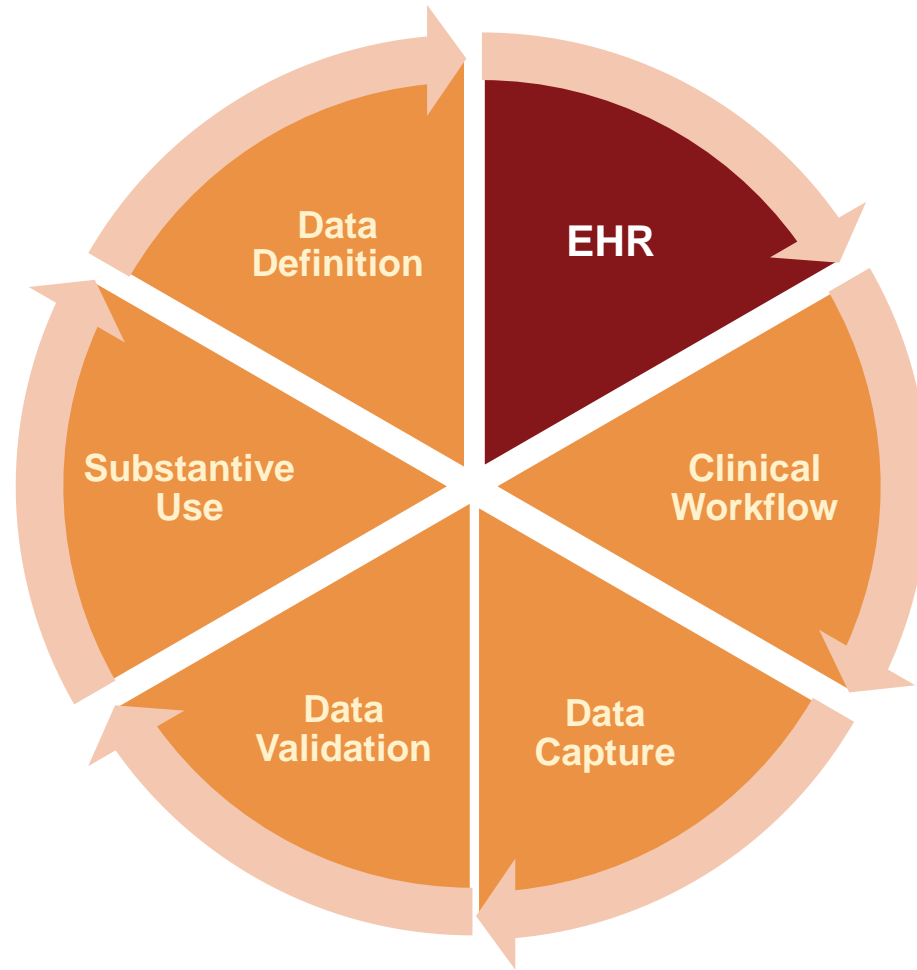
# Why do we need to ‘Drill Down’ into the Depression Measure?

- The specifics of the measure provide a road map to understanding how to configure your EHR and developing the workflows that are:
  - Customized to your setting
  - Support the development of protocols and best practices that align with these workflows.
  - Generate data for reporting
  - Generate data to support quality improvement
- Applies to all measures



# Depression Screening Data Life-Cycle

## EHR



# What is a Certified EHR?

## **A certified EHR must:**

- Meet the certification criteria defined by CMS and ONC including:
  - Store data in defined structured format(s)
  - Meet the defined functionality and security requirements
  - Able to share data with other EHRs securely
  - Able to report data (including eCQMs)
- Be certified as CEHRT (certified electronic health record technology) by ONC – ONC CHPL <https://chpl.healthit.gov/#/search> (Complete EHR and Modular Certifications)
- Meet the requirements of CMS EHR incentive programs (Meaningful Use)
- Over 90% of the FQHCs are on CEHRT.

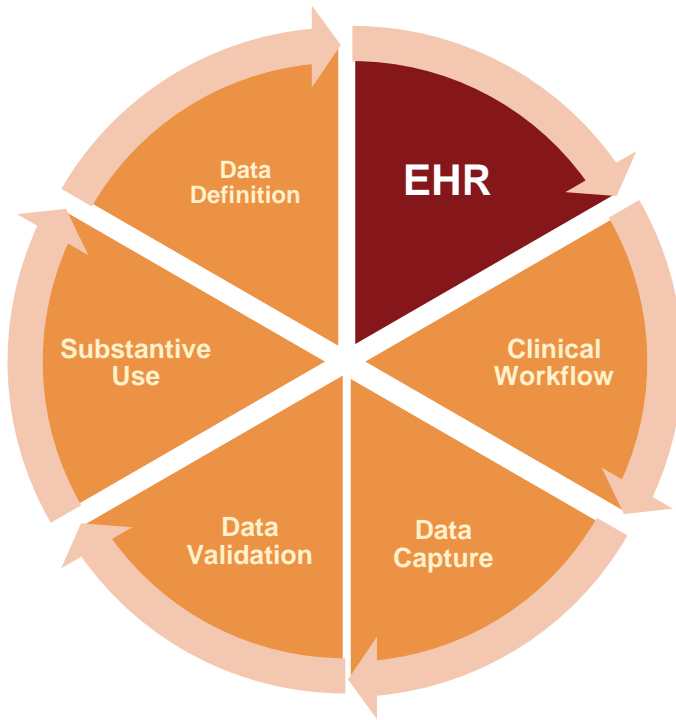


# What is an Integrated EHR?

- Master patient index (Unique patient identifier)
- Common Practice Management across programs
  - Demographics
  - Race / Ethnicity / SOGI
  - Scheduling
  - Insurances
  - Check-in / Check-out
  - Revenue Cycle Management
- Share clinical data (within the limits of HIPAA and CFR42 Part 2) between programs
- Share Care Plans across programs
- Support the precept 'One Patient'

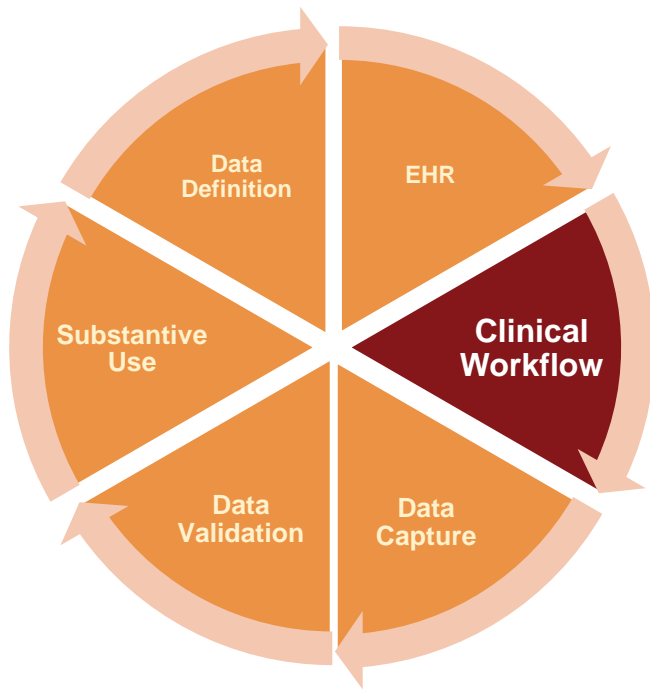
# Depression Screening Data Life Cycle

## EHR



- Keep up to date with upgrades and patches
- Formally manage by an EHR team that includes:
  - IT
  - Clinical leadership
  - Operations
  - Finance / billing
  - Quality Improvement
  - Data Analysts
  - Team is responsible for functionality, security and quality improvement

# Depression Screening Data Life Cycle Clinical Workflow



- Clinical workflows – all processes that contribute to the delivery of services
- The alignment of workflows an EHR configuration
- One of the main roles of your EHR Team
- Clinical workflows need to be developed collaboratively across functions and with the input of all stakeholders if all need are to be met:

- |                          |                        |
|--------------------------|------------------------|
| – Front Desk             | – Medical Assistant    |
| – Primary Care Providers | – Nursing              |
| – Care Coordinator       | – Referral Coordinator |
| – Behavioral Health      |                        |

**Workflow stakeholders includes everyone who inputs or extracts data in the EHR as part of a patient visit or as a result of the visit**

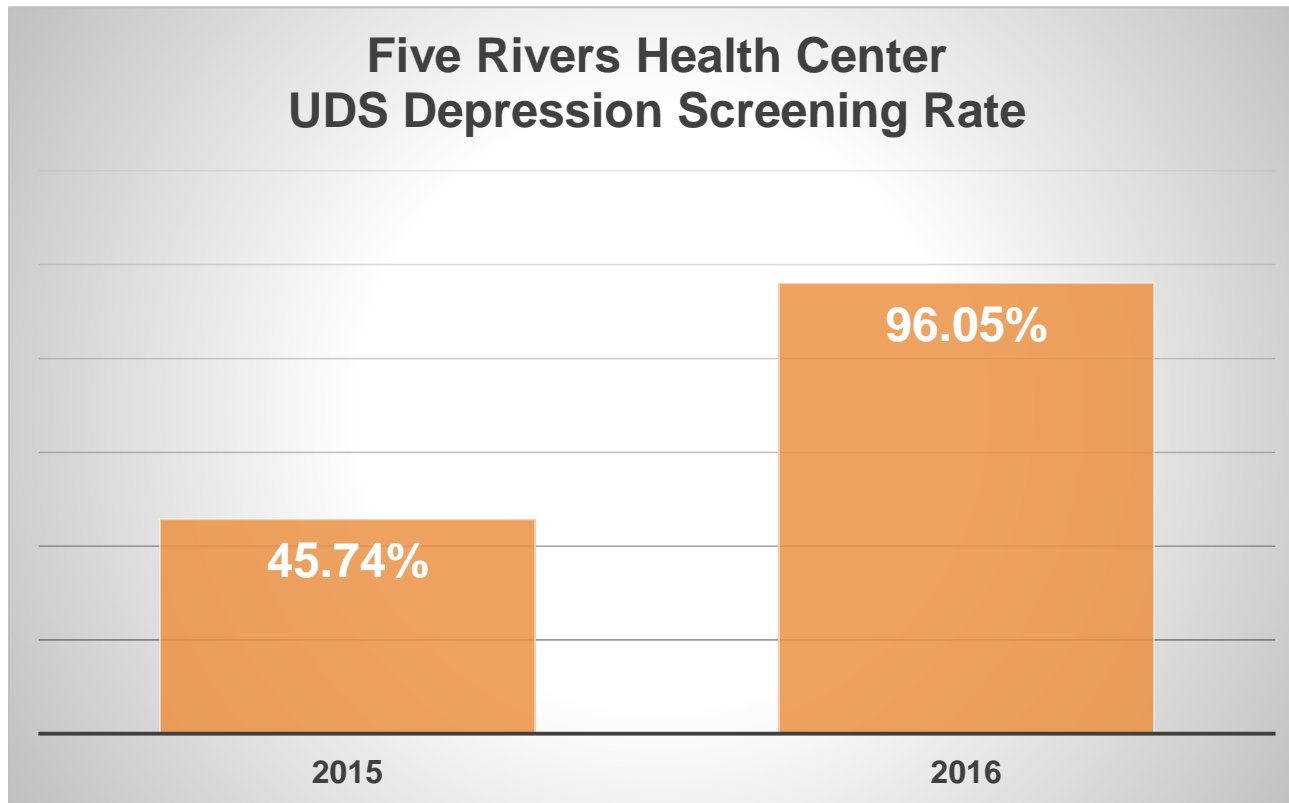


# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Five Rivers Health Center

Belinda J. Stiles, MA, LISW-S  
Behavioral Health Manager

# Improving Behavioral Health Screening at Five Rivers Health Center



# CIHS Levels of Behavioral Health Integration

- Coordinated: Behavioral services by referral at separate location with formalized information exchange.
- Co-Located: By referral at medical care location
- Integrated: Part of the “medical” treatment at medical care location

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					

# Overview

- 20,000+ patients per year
- Family Practice, Center for Women's Health/ Pediatrics, Medical Surgical, Homeless Clinic, Dental , Pharmacy.
- Medical staff is comprised Nurse Practitioners, Physician Assistant , Dietitian, OB's, Midwives , Psychiatrist, and residents from Wright State University's school of medicine and Pharmacy students from various schools.
- Behavioral Health staff is comprised of Social Workers, Professional Counselors, Chemical Dependency Counselors and Case Managers.

# Integration Work Flow

- Evidence based screening tools; PHQ-9, AUDIT/DAST, Post-Partum screen
  - The PHQ-2 is built into the intake template for the MA's rooming the patient. If the PHQ-2 is positive it automatically triggers the PHQ-9. If the PHQ-9 is positive the medical provider and behavioral health provider are notified.
  - The post-partum screen is built into the system.
  - The AUDIT/DAST are smart phrases built into the behavioral health notes.
  - The face sheet of the chart is where information on "completed" screens are posted.



# Integration Work Flow

- Morning Huddles (all/team specific) powered by the EHR schedule and review of patient chart.
  - The MA's review the patient schedule for the next day to identify chronic medical conditions, mental health/substance abuse history, medication refills, specific behavioral concerns.
  - BH (BHC/CM/SA/PWHCM) specific huddle is a review of the next day patient list and identifying who needs follow up and planning for introductions to new patients.
  - BH huddles with specialty teams like, Healthy Start - Community Health Workers

# Communication

- Our behavioral health department is newly formed and in 2017 our goal is to provide quarterly department team meetings and conduct bi-weekly site specific meetings
- These meetings will consist of a review of the data measures and how we are doing quarterly and discussion on ways to improve those measures.
- These meetings also consist of training to attempt the over all data measures supporting diabetes, hypertension etc...



# UDS Depression Measure Improvement

**Depression Screening Rate increased from 45% – 96% between 2015 and 2016**

- Better understanding of the data definition and workflow:
  - We determined that the “Follow-Up Plan” in the initial visit.
  - Patients who scored positive on the PHQ-2 were automatically screened with the full PHQ-9.
    - The screening tools are a part of the intake template in our EHR and can not be skipped.
  - If the PHQ-9 was positive the MA/Nurse, who roomed the patient would inform the medical provider and the behavioral health provider of positive screen.

# UDS Depression Measure Improvement

## **Depression Screening Rate increased from 45% – 96% between 2015 and 2016**

- The MA/Nurse rooming the patient makes the patient aware of their score and the supportive services available at the health center, calling the behavioral health providers by name.
  - “Rebecca, our behavioral health provider will be in to have more discussion with you regarding your score.” Discussion amongst all providers happens on the medical floor and a plan of action is created.
- Discussion amongst all providers happens on the medical floor and a plan of action is created.
- Patient’s who screened positive are viewed as priority and often, do not leave that appointment without an intervention from the medical provider and/or the behavioral health provider.

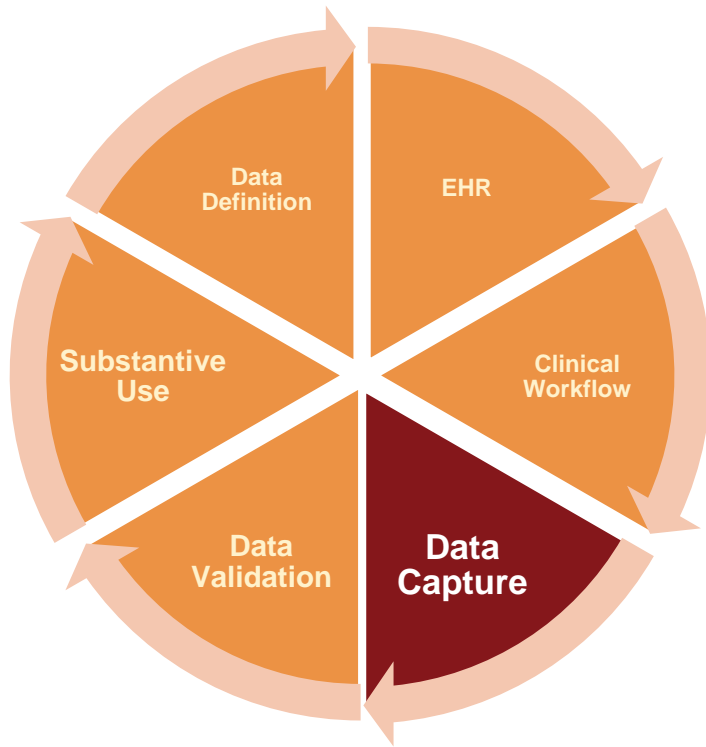
# UDS Depression Measure Improvement

**Depression Screening Compliance Rate increased from 45% – 96% between 2015 and 2016**

- Interventions include:
  - Medication from the medical provider
  - Brief intervention regarding coping skills from the behavioral health provider
  - Support with scheduling an appointment at a community mental health agency with the case manager.
- Cover sheet of the patient's chart indicates that a PHQ-9 was conducted and that an intervention was provided. It also includes patient diagnosis and a snippet of the last visit note.

# Depression Screening Data Life Cycle

## Data Capture

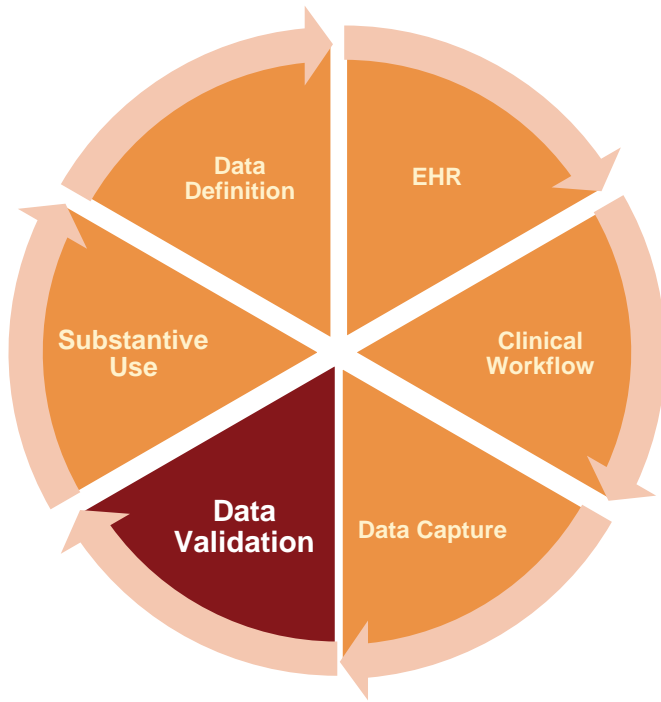


- The correct person putting the correct data in the correct form in the correct place!
- Data capture linked very closely with Clinical Workflows:
  - Must operate consistently:
    - Staff changes or absences
    - Busy / not busy
  - Often defined by documented protocol
  - Must not “expand” until burdensome
  - Exceptions must be formally managed

**Good data is CONSISTENT data!**

# Depression Screening Data Life Cycle

## Data Validation



**Key reports (e.g. UDS) should be run regularly so that it is time to submit data is known to be accurate.**

- Data validation is the process of ensuring that an EHR operates on clean and correct data.
- It is a constant process
- Data can be verified by:
  - Data audits to ensure that data is accurate and consistent
  - Understanding trends and identifying “outliers”
  - Comparing data from multiple sources
  - Confirming by manually sampling
  - Comparing data to state and national benchmarks
  - Formal corrective action taken when data is found to be problematic

# Three Outcomes of Data Validation

- Numerator Issues
  - Report not finding evidence of Compliance in charts
- Denominator/Universe Issues
  - Report including patients that should not be in the universe; wrong time frame, missing exclusions
- Clinical Issues
  - Indicated service is not being provided or outcome not being achieved



# Data Validation – The Path Forward

- Numerator Issues
  - Workflow
  - Structured data
  - EHR report programming
- Denominator/Universe Issues
  - Structured data
  - EHR report programming
- Clinical Issues
  - Policy Protocols
  - Clinical decision-making
  - Referral data
  - Training

# UDS – Depression Screening Measure

# 2015 UDS Screening Clinical Measure Results

UDS Screening Measure	National Rate
Colorectal Cancer Screening	38.35%
Depression Screening and Follow-up	50.61%
Cervical Cancer Screening	56.03%
Weight Assessment and Counseling for Children and Adolescent	57.89%
Adult Weight Screening and Follow-up	59.41%
Tobacco Use Screening and Cessation Intervention	82.83%

# 2015 UDS Screening Clinical Measure Results

## Depression Screening and Follow-up by Various Health Center Descriptor

Health Center Descriptor	# of Health Centers	Rate
Urban	621	51.52%
Rural	754	49.82%
< 25% Homeless	1283	50.62%
> 25% Homeless	92	50.00%
< 25% Agricultural Workers	1338	50.64%
> 25% Agricultural Workers	37	49.69%

# 2015 UDS Depression Screening Measure Results

## Depression Screening and Follow-up by Various Health Center Size

Health Center Descriptor	# of Health Centers	Rate
< 5,000 patients	363	48.25%
5,000 – 9,999 patients	281	49.22%
10,000 – 19,999 patients	355	50.50%
20,000 – 49,000 patients	286	49.17%
> 50,000 patients	90	53.30%

# Screening for Clinical Depression and Follow-up Plan, Line 21

- Universe (Denominator), Columns A and B: Patients aged 12 years and older with at least one medical visit during the measurement period
  - Born on or before December 31, 2003
  - Had at least one medical visit during the measurement year

Line	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients aged 12 and older who were (1) screened for depression with a standardized tool, <i>and</i> if screening was positive (2) had a follow-up plan documented.			

# Screening for Clinical Depression and Follow-up Plan, Line 21

## Universe (Denominator), Exclusions:

- Patients who refuse to participate or who are in urgent or emergent situations
- Patients whose functional capacity or motivation to improve impacts the accuracy of results
- Patients with an active diagnosis for depression or a diagnosis of bipolar disorder
- Patients who are in ongoing treatment for depression

# Screening for Clinical Depression and Follow-up Plan, Line 21

## Numerator, Column C:

- Patients screened for clinical depression on the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, a follow-up plan is documented on the date of the positive screen

## Include patients with screening test results:

- That were negative
- That were positive and had a follow-up plan documented



# UDS Review – Common Report Issues (edits)

- ‘Universe (denominator) in Question’
  - Are you including all medical patients over 12 from all of your sites?
  - Have all the patients included had at least one medical visit during the measurement period?
  - Are you excluding patients with current diagnosis of depression?
  - Are you excluding patients currently in treatment for depression?

# UDS Review – Common Report Issues (edits)

- ‘Compliance Rate Questioned’
  - Are you counting only positive depression screenings? (which would result in a lower compliance rate)
  - 100% Compliance rate?
  - Is your workflow mapping properly – is the right data getting to the right place
  - Have you validated your data?

# Validating Your Data

Validating your Data Audit Tool

<http://www.hiteqcenter.org/Resources/HealthITEnabledQI/ValidatingDataAccuracy/tabid/141/Default.aspx>

## Potential Data Issues:

- Report Missing Values
  - *Example: report not picking up patients from all sites/report not pulling follow-up data*
- Timing
  - *Example: report not pulling data from correct time frame*
- Non-Compliant Value
  - *Example: report pulling values such as when patient refused depression screening and is counted as compliant*

# Validating Your Data



Validating your Data Audit Tool

<http://www.hiteqcenter.org/Resources/HealthITEnabledQI/ValidatingDataAccuracy/tabid/141/Default.aspx>

## Potential Data Issues:

- Documentation in the wrong location
  - *Example: Follow-up provided, but documented in free text*
- Documentation in invalid form
  - *Example: Follow-up provided, but documented as free text instead of a check-box*
- No Service Provided
  - *Example: Report is not pulling when screening and follow-up was provided or report is correct and no service provided*

# Validating Your Data



Validating your Data Audit Tool

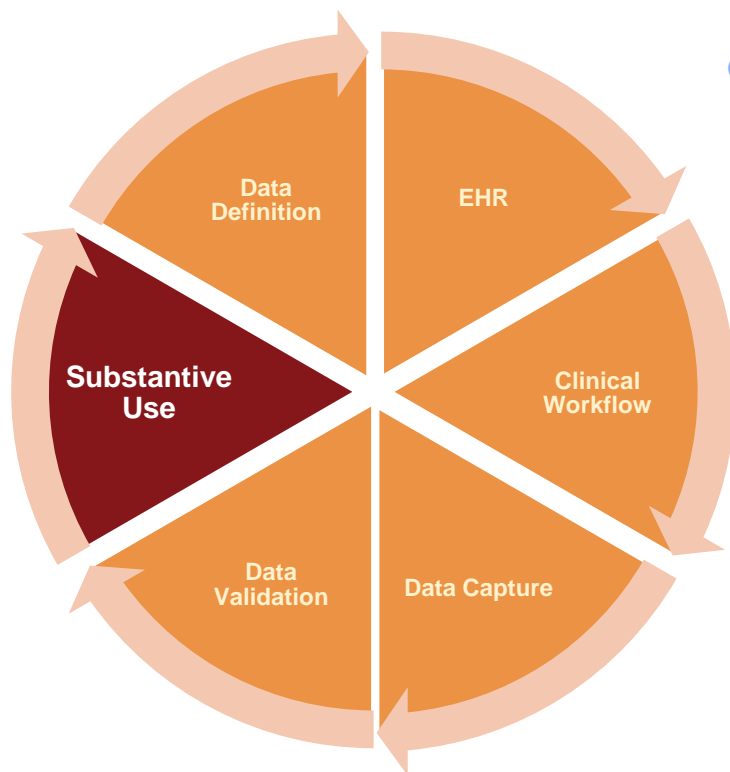
<http://www.hiteqcenter.org/Resources/HealthITEnabledQI/ValidatingDataAccuracy/tabid/141/Default.aspx>

## Potential Data Issues:

- Exclusion Issue
  - *Example: report is pulling patients with a diagnosis of depression or currently in treatment for depression.*
  
- Service Incomplete
  - *Example: report is pulling only screening information and not picking up follow-up provided.*

# Depression Screening Data Life Cycle

## Substantive Use



- The data you are collecting, reporting and using is important and meaningful.
  - Manage patient's health and behavioral health
  - Identify prevention needs of healthy patients
  - Support management of patients with chronic conditions
  - Supports integration of primary care and behavioral health services
  - Supports improvement activities
  - Also supports Public Health and Population Health activities

# CIHS Resources

- Screening Tools
  - <http://www.integration.samhsa.gov/clinical-practice/screening-tools>
- Health Information Technology
  - <http://www.integration.samhsa.gov/operations-administration/hit>
- Workflow
  - <http://www.integration.samhsa.gov/operations-administration/workflow>
- Confidentiality
  - <http://www.integration.samhsa.gov/operations-administration/confidentiality>
- Integrated Care Models
  - <http://www.integration.samhsa.gov/integrated-care-models>



Health IT Enabled  
Quality Improvement



Value-Based Payment



EHR Selection and  
Implementation



Privacy and Security



Health Information  
Exchange



Electronic Patient  
Engagement



QI/HIT Workforce  
Development



Population Health  
Management



# Q & A

# CIHS Tools and Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the center's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media links for Facebook, Twitter, and LinkedIn are also present. The main content area features a large image of a group of healthcare professionals in a meeting. To the right of this image is a section titled "ABOUT CIHS" with a sub-header "SAMHSA-HRSA Center for Integrated Health Solutions". Below this, a paragraph describes the center's mission: "CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings." A "LEARN MORE" button is located below the paragraph. To the left of the main image is a section titled "Core Competencies for Integrated Behavioral Health and Primary Care" with a sub-header "An essential foundation for preparing and further developing an integrated workforce." Below this, there are five numbered icons (1-5) and a "CALENDAR OF EVENTS" section. The calendar lists two events: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" on February 26, 2014, and "Integrating Peer Support in Primary Care" on February 27, 2014. To the right of the calendar is a "TOP RESOURCES" section with two featured articles. The first article, dated February 24, 2014, is titled "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" and includes an image of two people climbing a ladder to reach a green tree. The second article, dated February 21, 2014, is titled "February Is American Heart Month!" and includes an image of a hand holding a red heart. Below the second article, a caption states: "Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease."

202.684.7457

**SAMHSA-HRSA Center for Integrated Health Solutions** eSolutions newsletter

About Us Integrated Care Models Workforce Financing Clinical Practice Operations & Administration Health & Wellness

Glossary Facebook Twitter LinkedIn Ask a Question Email

**ABOUT CIHS**

**SAMHSA-HRSA Center for Integrated Health Solutions**

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

LEARN MORE

**TOP RESOURCES**

View Our RSS Feed

FEBRUARY 24, 2014  
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

FEBRUARY 21, 2014  
February Is American Heart Month!

Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease.

**CALENDAR OF EVENTS**

**FEB 26** Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment  
FEBRUARY 26-28, 2014

**FEB 27** Integrating Peer Support in Primary Care  
FEBRUARY 27-27, 2014



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.**

**Please take a moment to provide your  
feedback by completing the survey at the  
end of today's webinar.**